

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534004

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	/		
2		1	1	/		
3	1			/		
4	1			/		
5	1			/		
6	1			/		
7	1		1	/		
8	1			/		
9	1			/		
10	1			/		
11		1		/		
12	2		1			
13	2		1			
14	1		1			
15	1		1			
16	1		1			
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEF.	32	↙	30	↖		↖
TOTAL CLAIMS	35		39			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEF.				↖		↖
TOTAL CLAIMS				↖		↖